

# United States District Court

NORTHERN DISTRICT OF CALIFORNIA

## SUMMONS IN A CIVIL CASE

CASE NUMBER:

V.

FBI, Robert Mueller, Dir.

TO: (Name and address of defendant)

**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

an answer to the complaint which is herewith served upon you, within \_\_\_\_\_ days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Richard W. Wieking

CLERK

DATE \_\_\_\_\_

\_\_\_\_\_  
(BY) DEPUTY CLERK

**RETURN OF SERVICE**

DATE

Service of the Summons and Complaint was made by me <sup>1</sup>

10/09/07

Name of SERVER

Geri N. Kahn

TITLE

Attorney

*Check one box below to indicate appropriate method of service*

- ☐ Served Personally upon the Defendant. Place where served:
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.  
Name of person with whom the summons and complaint were left:
- ☐ Returned unexecuted:
- ☒ Other (specify): Served by Certified Mail on all Defendants

**STATEMENT OF SERVICE FEES**

TRAVEL

SERVICES

TOTAL

**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 12//11/2007  
Date

/s/ Geri N. Kahn

Signature of Server

400 Montgomery Street, Suite 810  
San Francisco, CA 94104

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

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## Track & Confirm

### Search Results

Label/Receipt Number: 7000 1670 0013 3619 4059

Status: **Delivered**

Your item was delivered at 3:26 am on October 11, 2007 in WASHINGTON, DC 20535. A proof of delivery record may be available through your local Post Office for a fee.

Additional information for this item is stored in files offline.

### Track & Confirm

Enter Label/Receipt Number.

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No FEAR Act EEO Data

FOIA

The U.S. Department of Justice  
Investigative and Litigation DivisionInvestigative and Litigation Division  
U.S. Department of Justice

### U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7000 1670 0013 3619 4059

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To: Robert S. Mueller/CGE, FBI  
Street, Apt. No., or PO Box No.: 2 E. Sugar Hill Building/935 Pennsylvania  
City, State, ZIP+4: Washington DC 20535-0001

PS Form 3800, May 2000

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

7000 1670 0013 3619 4073  
Peter T. Keisler  
Acting Attorney General  
U.S. Dept. of Justice  
950 Pennsylvania Ave NW  
Washington DC 20530-0007

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

OCT 7 2 2007

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

7000 1670 0013 3619 4073  
PS Form 3811, February 2004 Domestic Return Receipt KCR

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

7000 1670 0013 3619 4080  
Michael Chavez  
Email: T. Gonzalez  
OGC  
DHS  
Washington DC  
20518-0001

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

OCT 22 2007

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

7000 1670 0013 3619 4080  
PS Form 3811, February 2004 Domestic Return Receipt KCR

102595-02-M-

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent by Peter T. Keisler, Acting Atty Gen.  
Special Del. No. or PO Box No. 0506J, 438 Pennsylvania Ave NW  
City, State ZIP+4 Washington, DC 20530  
PS Form 3800, May 2000 See Reverse for Instructions

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent by Michael Chavez & Emilio T. Gonzalez, OGC  
Special Del. No. or PO Box No. DHS  
City, State ZIP+4 Washington, DC 20518-0001  
PS Form 3800, May 2000 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

1. Article Addressed to:

Kegany Melville

District Director

USIS

650 Sansone Street

San Francisco, CA

94111

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

1. Article Addressed to:

Scott N. Shoals

U.S. Attorney's Office

Federal Bldg.

450 Golden Gate Ave

San Francisco, CA 94102

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

# U.S. Postal Service

## CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Postmark Here

Sent to: Kegany Melville, Dist Dir.

Street, Apt. No., or PO Box No. 650 Sansone St.

City, State, ZIP+4 San Francisco, CA 94111

PS Form 3800, May 2000

See Reverse for Instructions

# U.S. Postal Service

## CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Postmark Here

Sent to: Scott N. Shoals / U.S. Attorney's Office

Street, Apt. No., or PO Box No. 450 Golden Gate Ave

City, State, ZIP+4 San Francisco, CA 94102

PS Form 3800, May 2000

See Reverse for Instructions

7000 1670 0013 3619 4066

7000 1670 0013 3619 4042